

# Center for Biologics Evaluation and Research Update ISPE Annual Meeting

Mark A. Elengold November 4, 2002

#### BIOLOGICAL PRODUCTS REGULATED BY CBER

**Vaccines** 

Allergenic Extracts

**Blood Derivatives** 

**Monoclonal Antibodies** 

Blood Components

Whole Blood

**Devices** 

**Tissues** 

Biotech Derived Therapeutics

Somatic Cell & Gene Therapy

**Xenotransplantation** 

#### **CBER Organization**

Center Director's Office
Director
Kathryn C. Zoon, PhD

Office of Biostatistics and Epidemiology (OBE)

Susan S. Ellenberg, PhD

Office of Communication,
Training & Manufacturers Assistance
(OCTMA)
Mary T. Meyer

Office of Management (OM) Joseph A. Biviano

Office of Compliance and Biologics Quality
(OCBQ)
Steven A. Masiello

Office of Blood Research and Review (OBRR)

Jay S. Epstein, MD

Office of Vaccines Research and Review (OVRR)

Karen Midthun, MD

Office of Therapeutics Research and Review (OTRR)

Jay P. Siegel, MD

Office of Information Technology Management
(OITM)

Michael F. Curtis

Office of Cellular, Tissue and Gene Therapies (OCTGT) Philip Noguchi, MD (Acting)



#### What's Going

**Monoclonal antibodies** 

Cytokines, growth factors, enzymes, interferons -- (including recombinant versions)

Proteins intended for therapeutic use that are extracted from animals or microorganisms

Other therapeutic immunotherapies



#### What's Staying

Monoclonal antibodies, cytokines, growth factors, or other proteins when used solely as an ex vivo constituent in a manufacturing process / when used solely as a reagent in the production of a product that is under the jurisdiction of CBER

Viral-vectored gene insertions (i.e., "gene therapy")

Products composed of human or animal cells or from physical parts of those cells



# What's Staying (continued)

Plasma expanders

Allergen patch tests

**Allergenics** 

Antitoxins, antivenins, and venoms

In vitro diagnostics

**Vaccines** 

Toxoids and toxins intended for immunization



#### **CBER Priorities FY 2003**

- Ensure the safety and efficacy of biological products while facilitating their development and meeting Prescription Drug User Fee Act (PDUFA) goals
- Ensure the safety of, and public confidence in, the nation's blood supply and tissues



#### **CBER** Priorities FY 2003

- Improve automated system to support the review and evaluation of biological products, e.g. EDR, e-CTD
- Implement New Office of Cellular, Tissue and Gene Therapy Products
- Develop effective measures for Counter Terrorism
- GMPs for the 21st Century



#### **CBER Priorities FY 2003**

- Facilitate the development and approval of significant vaccine, blood and therapeutic products through review, policy formulation, regulation development, guidance issuance to industry, workshops and meetings
- Implement OC management initiatives
- Foster Interagency Collaborations, e.g. CBER/NCI CBER/NIAID



# Office of Cellular, Tissue, and Gene Therapies (OCTGT)

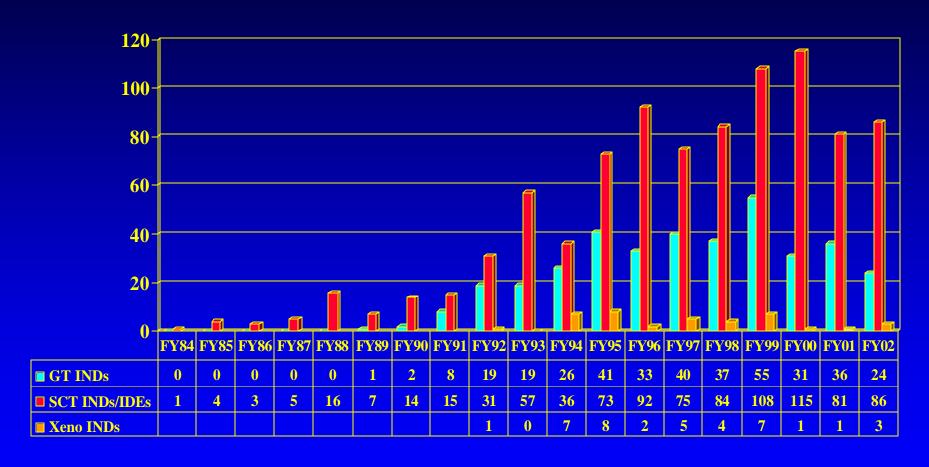


#### Why?

- Increase in regulatory activities in the areas of cellular and tissue-based products, gene therapies, and all forms of stem cell transplantation.
- Consolidation of products into one office
  - Products getting more complex
  - New science advances
  - Need for seamless and transparent coordination and communication



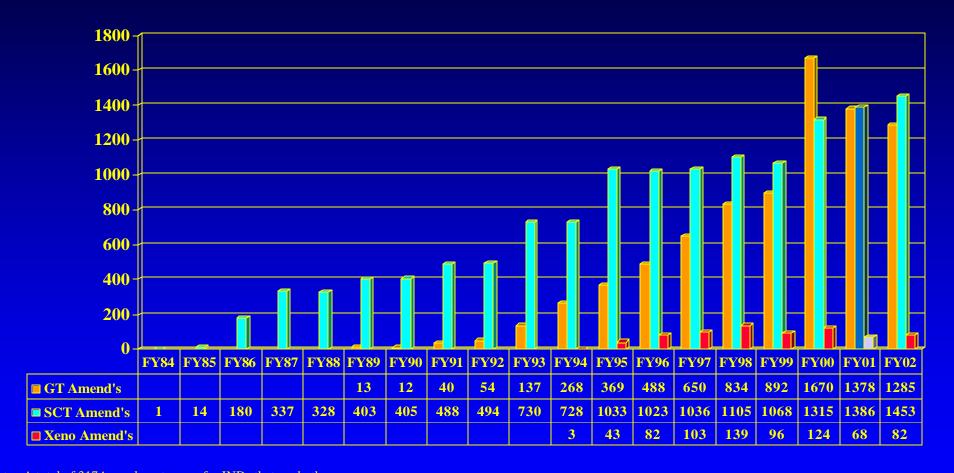
### Gene Therapy, Somatic Cell Therapy, Xenotransplantation INDs/IDEs Received FY 1984 - FY 2002



Note: A total of 7 INDs were for Xeno and GT, and are included in the counts for both.



### Gene Therapy, Somatic Cell Therapy, Xenotransplantation IND/IDE Amendments Received FY 1984 - FY 2002



ote: A total of 317Amendments were for INDs that are both eno and GT and are included in the counts for both..



#### Mission

- Regulatory and review responsibilities:
  - Tissues
  - Cellular and Tissue-based products
  - Gene Therapies
  - Xenotransplantation
  - Unique assisted reproduction (ooplasm transfer)
  - Combination Products containing living cells/tissues
- Assure the safety, identity, purity and potency of novel products



#### Expertise

- Molecular and cell biology
- Viral and nonviral gene therapy vectors
- Nucleic acid chemistry
- Genomics
- Proteomics
- Tissue and Organ Regeneration
- Developmental and Reproductive Biology
- Stem Cell Biology and Physiology
- Medical
- Pharmacology/Toxicology



### Office of Cellular, Tissue, and Gene Therapies Dr. Philip Noguchi, (Acting) Office Director Dr. Joyce Frey-Vasconcells, (Acting) Deputy Office Director

Regulatory Management Staff (Acting) Chief, Ms. Andrea Wright

Division of Cellular & Gene Therapies Dr. Raj Puri, (Acting) Director

Division of Human Tissues
Dr. Ruth Solomon, (Acting) Division Director

**Division of Clinical Evaluation & Pharmacology/Toxicology** (Vacant)

#### The OTRR, CBER record

- Science-based regulation of biologic therapeutics at OTRR
  has played a central role in the development and
  availability of safe and effective products of biotechnology
  that are revolutionizing medicine.
- OTRR scientists/physicians work independently of but closely with regulated biotechnology.
  - Extraordinary number of meetings
  - Timely, science based guidance
- OTRR scientists/physicians have provided international leadership in the science-based regulation of biotechnology products.

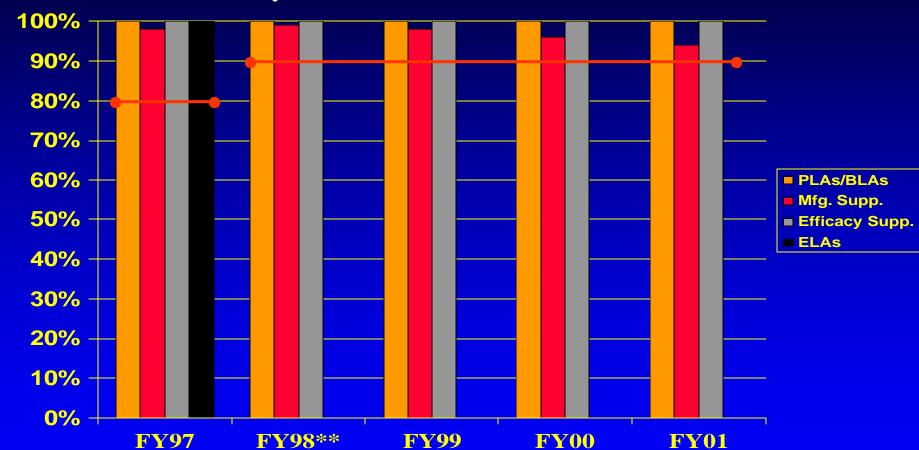
## The OTRR, CBER record (continued)

- The number of new product approvals is increasing.
- Despite the complexity and novelty of biotechnology products, review times and approval times compare favorably with those for other types of drugs.
- Biological therapeutics are often available first in the U.S.
- There has never been need to recall an OTRR-approved biotechnology drug due to safety concerns.



### **CBER User Fee Review Performance License Applications and Supplements**

% of First Actions Within Goal\* By Cohort Fiscal Years 1997-2001



<sup>\*</sup> PDUFA Performance Goals: FY97 - FY01=90% (Indicated by Red Lines)

Data through 30 Sep 02; FY 01 is not yet complete.



<sup>\*\*</sup> Beginning in FY98 ELAs were no longer included in PDUFA goals

#### CBER PDUFA II Procedural and Processing Goals Performance (as of October 31, 2002)

Regulatory Meetings Management										
			Actions	Actions Within Goal		Acti	Actions Overdue			
Fiscal Year	Goal	Meeting Requests Received	Completed	Pending	Total	Completed	Pending	Total	% Completed Within Goal <sup>1</sup>	PDUFA Goal
	Response	387	283	0	283	104	0	104	73%	
FY 1999	Held	364	321	0	321	43	0	43	88%	70%
	Minutes	328	282	0	282	46	0	46	86%	
	Response	312	302	0	302	10	0	10	97%	80%
FY 2000	Held	294	277	0	277	14	3	17	94%	
	Minutes	251	229	0	229	19	3	22	91%	
	Response	281	275	0	275	6	0	6	98%	
FY 2001	Held	246	218	21	239	6	1	7	97%	90%
	Minutes	180	157	20	177	3	0	3	98%	
FY 2002	Response	412	399	0	399	12	1	13	97%	
	Held	372	306	53	359	7	6	13	96%	90%
	Minutes	288	245	27	272	5	11	16	94%	



<sup>&</sup>lt;sup>1</sup> - of those that have reached the goal date

#### CBER PDUFA II Procedural and Processing Goals Performance – *cont.* (as of October 31, 2002)

	Special Protocol Assessment								
			Actions Within Goal			Actions Overdue			
Fiscal Year	Protocol Review Requests Received	Completed	Pending	Total	Completed	Pending	Total	% Completed Within Goal <sup>1</sup>	PDUFA Goal
FY 1999	0								60%
FY 2000	0								70%
FY 2001	1	1	0	1	0	0	0	100%	80%
FY 2002	4	4	0	4	0	0	0	100%	90%

Major Dispute Resolution									
		Action	Actions Within Goal			Actions Overdue			
Fiscal Year	Dispute Resolution Requests Received	Completed	Pending	Total	Completed	Pending	Total	% Completed Within Goal <sup>1</sup>	PDUFA Goal
FY 1999	1	1	0	1	0	0	0	100%	70%
FY 2000	0								80%
FY 2001	2	2	0	2	0	0	0	100%	90%
FY 2002	4	4	0	4	0	0	0	100%	90%

	Responses to Clinical Holds								
		Actions	Actions Within Goal			Actions Overdue			
Fiscal Year	Responses to Clinical Holds Received	Completed	Pending	Total	Completed	Pending	Total	% Completed Within Goal <sup>1</sup>	PDUFA Goal
FY 1998	22	18	0	18	4	0	4	82%	75%
FY 1999	77	73	0	73	4	0	4	95%	90%
FY 2000	89	87	0	87	2	0	2	98%	90%
FY 2001	125	115	0	115	10	0	10	92%	90%
FY 2002	122	112	7	119	3	0	3	97%	90%

<sup>&</sup>lt;sup>1</sup> - of those that have reached the goal date

#### Number of Cycles to Approval

- •From CY 1995-2001, OTRR approved 41% of the original BLAs submitted within 1 cycle
- •19% took 3 or more cycles
- Numbers are comparable to NMEs approved during this same time period



#### Number of Approvals Within 12 Months

- CY 1996-2000, 14 of 22 BLAs submitted to OTRR approved within 12 months (64%)
- •13 were priority review; 10 within 12 months
- 9 were standard review; 4 approved within 12 months



#### OTRR Meeting Goal Performance Under PDUFA II

- Response to Meeting Requests: 99% within goal
- Meetings Held: 99% within goal
- Meeting Minutes: 99% within goal
- Non-PDUFA Products: 97%, 97% and 94%, respectively

Source: FY 2001 Report to Congress

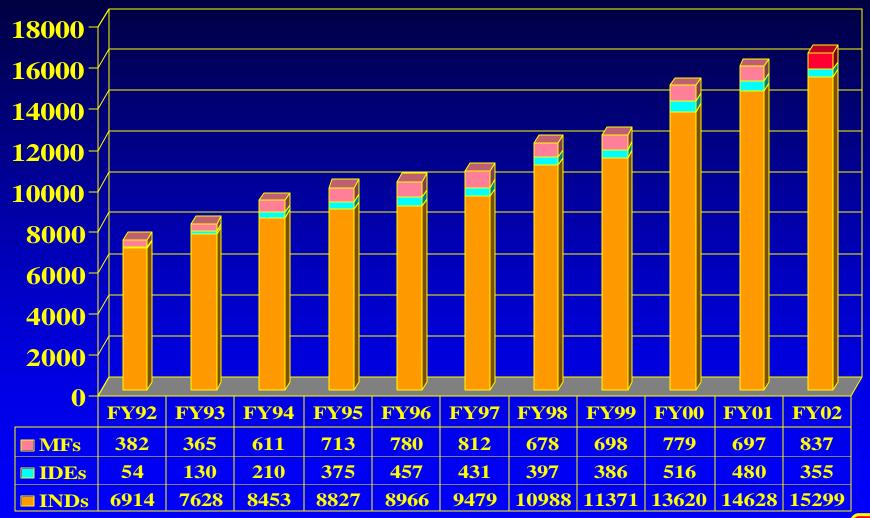


### CBER INDs/IDEs Received FY 1987 - FY 2002





### CBER IND/IDE/MF Amendments Received FY92-FY02



### CBER Biologics License Applications and Supplements Received

	FY 2000	FY 2001	FY 2002
BLAs	25	18	18
BLSs	1775	1652	1786

Numbers exclude Mergers/Corporate Entity Changes



### PERFORMANCE GOALS PDUFA III vs. PDUFA III

Original NDA/BLA Submissions: No Change

Original NDA/BLA Resubmissions: No Change

Original Efficacy Supplements: No Change

Resubmitted Efficacy Supplements: Modified

Original Manufacturing Supplements: No Change

•New Molecular Entity (NME): No Change

•Clinical Holds: No Change

Major Dispute Resolution: No Change

• Special Protocol Question: No Change

**Meeting Management:** Technical Change



#### PDUFA III – NEW PROGRAMS

- Continuous Marketing Application (CMA)
- Independent Consultants for Biotechnology Clinical trial Protocols
- Pre and Peri-NDA/BLA Risk Management Plan Activities
- First Cycle Review Performance Proposal
- Improving FDA Performance Management
- Electronic Applications and Submissions



#### Electronic Submissions Goals

- Assist the reviewer community in meeting PDUFA review goals
- Provide reviewers with intuitive, standard presentations and tools to review electronic submissions effectively
- Provide the ability to manage all CBER submission types, starting with INDs, BLAs, and Promotional Labeling (current) with future functionality for 510(k)s and PMAs

#### **Electronic Submissions Goals**

- Establish electronic submissions standards and guidance for Industry
- Enable CBER to meet PDUFA and FDAMA electronic submissions mandates and timelines
- Decrease administrative processing time and costs of the submission process
- Enhance processes through electronic routing and secure transmission of information



#### Submission & Review Tools

- Electronic Document Room (EDR)
  - Provides the core system for CBER e-subs
- Electronic Secure Messaging (ESM)
  - Provides a secure communications channel between CBER and Industry
- Electronic Signature
  - Digital signatures compliant with 21 CFR Part 11
- E-Routing
  - -Provides fully electronic workflow for routing



#### Status

- CBER is the first Center to accept fully electronic regulatory documents with digital signatures and automated submission and processing via ESM
- The EDR, ESM, and e-Routing are a complete, robust set of review tools to meet reviewer needs, developed in conjunction with the reviewer community
- CBER's electronic submission infrastructure and applications may form the core of an overall FDA electronic submission toolset
- The CBER Electronic Submissions program is robust and has made great strides since its inception in 1996







#### COUNTER- BIOTERRORISM

## Countering Bioterrorism CBER

- Facilitate the availability of necessary medical products
- •Scientific infrastructure to ensure availability of approved medical products
- Ensure availability of specialized equipment and facilities for containment
- Establish and disseminate the necessary guidance/standards



## **Key Actions CBER**

- Expedite development and licensure of new vaccines for anthrax, smallpox, and associated VIG
- Develop new approaches to approve medical products for countering bioterrorism
- Continue activities related to stockpile and product shortages
- Participate in numerous collaborative activities with other government agencies

# **Shepherding Safe and Effective Products**

**Regulatory Research** 

**FDA** 

**Bedside** 

Marketplace



**Bench** 

**BASIC** 

Translational Research

NIH Academia Industry



**APPLIED** 

Pharmaceutical Research

**Industry** 



**SAFETY & QUALIT** 



# CBER Research Priorities FY 2003

#### **Biotechnology**

- Genomics/Proteomics
- Stem Cell Products/Tissue Engineering
- Transgenic Plants and Animals

